

Truth-telling and patients' diagnoses in optometric practice in Nigeria

Ebeigbe J.A and Oni C.A

Abstract

Background: The doctor-patient relationship is crucial to health care services including eye care. Telling the truth is an important aspect of this relationship in ensuring safe and effective treatment and management of patients.

Method: A qualitative study using one - on- one in- depth interviews (IDIs) and focus group discussions (FGDs). Forty four respondents comprising 10 eye care practitioners (ECPs) and 34 patients were recruited. The ECPs were between 32 to 51 years while the patients were between 18 and 50 years old.

Results: Common lies told were mainly about age, onset or duration of condition, medications used prior to their visit to the doctor's and level of compliance to doctor's prescription. Others were about health status, history of self-medication and social habits like smoking and/or drinking. Reasons for telling some of these lies included fear of early retirement, fear of being judged or stigmatized, lack of privacy during clerking and embarrassment from being caught in a previous lie.

Conclusion: Untruths and manipulation of information can damage the relationship between doctor and patient because it leads to distrust and this can compromise eye care.

Keywords: Truth, doctor- patient, relationship, diagnoses.

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Dire la vérité et diagnostics des patients dans la pratique optométrique au Nigéria

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Résumé

Objectif de l'étude : La relation médecin-patient est cruciale pour les services de santé, y compris les soins oculaires. Dire la vérité est un aspect important de cette relation pour assurer un traitement et une prise en charge sûrs et efficaces des patients.

Méthode de l'étude : Une étude qualitative utilisant des entretiens individuels approfondis (IDI) et des discussions de groupe (FGD). Quarante-quatre répondants comprenant 10 ophtalmologistes (ECP) et 34 patients ont été recrutés. Les PCU avaient entre 32 et 51 ans tandis que les patients avaient entre 18 et 50 ans.

Résultat de l'étude: Les mensonges courants concernaient principalement l'âge, l'apparition ou la durée de l'affection, les médicaments utilisés avant leur visite chez le médecin et le niveau de conformité à la prescription du médecin. D'autres concernaient l'état de santé, les antécédents d'automédication et les habitudes sociales comme fumer et/ou boire. Les raisons pour lesquelles certains de ces mensonges ont été racontés comprenaient la peur d'une retraite anticipée, la peur d'être jugé ou stigmatisé, le manque d'intimité pendant le stage et l'embarras d'être pris dans un mensonge antérieur.

Conclusion : Les contrevérités et la manipulation de l'information peuvent nuire à la relation entre le médecin et le patient car elles conduisent à la méfiance et peuvent compromettre les soins oculaires.

Mots-clés: Vérité, médecin-patient, relation, diagnostics

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INTRODUCTION

Despite the general agreement on the need for open and honest communication between the doctor and the patient, truth-telling is far from being the norm in many countries in the world. Making a right diagnosis depends on the giving of correct information by patients and/or members of their family. Safe and effective treatment and managing of patients depend on honest and open communication between the doctor and the patients. However the patients and the doctors are most times challenged by complicated communication. Sometimes, doctors withhold or distort information while patients lie about certain aspects of their history that could be crucial to effective treatment (1).

When honest communication is lacking in the doctor-patient relationship, it can serve as an obstacle to effective clinical care and is incongruent with the benevolent practice of medicine. With advances in information communication technology (ICT), challenges in communication are even more evident. With fewer face to face meetings and interactions, information exchanges are becoming increasingly more electronic and less reliable (2).

Lying is when one person deliberately intends to mislead another by falsification of facts or by acts of concealment (3). This definition however, might not include certain psychiatric conditions like conversion disorder and confabulation. Also, symptoms of a personality disorder like passing false information which the individual believes to be true, would fall outside this definition (2)

People might lie for a variety of reasons, including the avoidance of punishment, personal gain, to manipulate others or to maintain self-esteem (4). Various studies (1, 2) have reported on truth telling in medical practice. These studies showed that not only patients but doctors as well, lie in the doctor-patient relationship. Doctors would often downplay problems, fail to give patients the full picture or resort to overly simplified explanations. Two crucial instances for potential omissions are in the giving of bad news and the admission of mistakes (5). The job of having to give bad news to patients or their families can be stressful. Some doctors who are not well prepared for this may not pass the information appropriately, thereby misinforming patients. They could also resort to presenting the facts in an overly scientific and confusing fashion with a lot of medical jargons (6).

Truth-telling is all about giving the

patients the correct and honest information that will enable them make informed decisions about their health care and other areas of their lives. Patients have a right to honest information concerning their health regardless of whether they need such information to make a decision about treatment or not. Telling the truth also helps the doctor to make proper diagnoses and plan out effective treatment regimen for patients (7).

Patients usually expect optimal care from their doctors when they are ill. They expect to be given the best care possible, treated with the newest drugs and be tested with the latest diagnostics. This guarantees them a good chance of full recovery. However, the patients sometimes sabotage the management process by not giving pertinent information to their doctor. Patients do this by either minimizing or exaggerating their symptoms (8).

Malingering, the conscious simulation or feigning of symptoms for personal gain is another form of lying that is common in clinical settings (9). Some persons may exaggerate mental health symptoms to avoid criminal convictions or pretend to be injured so they can claim or collect an insurance settlement. A surprising number of patients withhold information or lie outright to the doctor just to protect themselves from a previous lie. Others do it because they want something from the doctor, like access to controlled medication, time off work or a medical report that qualifies them for some form of social benefits (2).

Unfortunately, when lies like these are told, a lot of time and resources are wasted in ordering unnecessary and expensive tests to diagnose the patient's problem. It could also result in the doctor prescribing a medication that might react negatively with a drug the patient is already taking which was not disclosed (8,10).

A previous survey reported that 38 % of patients lied or "stretched the truth" about following their doctor's orders, while 32 % lied about their diet or how much they exercised. Another 22% lied about smoking, 17 % lied about sex, 16 % lied about their intake of alcohol, and 12 % percent lied about recreational drug use (8).

People say the truth hurts, however truth-telling has emerged among the most widely praised qualities of health care in contemporary biomedical ethics (11). Although doctors and even nurses have been known to downplay the seriousness of ailments to their patients from time to time. This is usually in an effort to preserve hope in these individuals, especially in patients

with terminal conditions (12).

Data is scant on truth-telling by patients and its effects on diagnoses in the doctor-patient relationship in optometry. The purpose of this study therefore, was to evaluate patients' and optometrists' perception of truth-telling in the doctor-patient relationship, especially as it relates to optometric practice in Nigeria.

METHODS

Recruitment of Study Population

This was a qualitative study using in-depth interviews (IDIs) and focus group discussions (FGDs). The sample size was 44 respondents, which consisted of 10 qualified and practicing eye care practitioners (ECPs) and 34 adult patients who visited the Bonny Camp Eye Centre and Queen's Eye Hospital in Victoria Island, Lagos, State, Nigeria. Approval for the study was given by the clinics after the presentation of ethical clearance form from the University of Benin Research Ethics Committee. The patients were selected from the attendance register of patients for each day. Patients below the age of 18 years were excluded as well as patients who could not communicate or understand the English Language or Pidgin English (broken English). They were recruited after the purpose of the study was explained to them and they agreed to give their written consent.

Demographic Data

Simple demographic data was obtained from both ECPs and patients before the commencement of the study. This contained sex, age, occupation, level of education for the patients as well as duration of work experience for the doctors.

Procedure

Ten one-on-one in-depth interviews (IDIs) were conducted with the ECPs and 3 focus group discussions (FGDs) with the patients using an audio tape recorder. Voice recordings were made after assuring the respondents of confidentiality to create an atmosphere of ease and openness during the interviews.

The interview questions detailed below, consisted of 6-item questions for the ECPs and 5-item questions for the patients. The formulated questions had previously been pretested with a few doctors and a small group of randomly selected patients to determine their effectiveness in eliciting the proper responses. Where questions were ambiguous or not easily

understood, they were modified and tested again for validity of response.

The IDIs and FGDs were conducted until redundancy of responses was obtained in each domain. The interviews were transcribed verbatim with the help of a transcriber. Analysis of textual data was by familiarization. The familiarized data was then coded and themes were generated.

RESULTS

Four of the ECPs were ophthalmologists while the other 6 were optometrists. There were 5 males and 5 females. They had a minimum of 5 years work experience. Their age ranged from 32 to 51 years with a mean age of 34 (± 2.2) years. Among the patients recruited, 16 were males and 18 females, they were between the ages of 18 and 50 years with a mean age of 38 (± 2.1) years.

Of the 34 patients randomly selected for this study, 21 had tertiary or University degrees. Eight of them had postgraduate qualifications in addition to this. Nine patients had secondary school education, while the remaining 4 had only basic primary education. Majority of the patients (19) were civil servants, 8 of them were self-employed businessmen, 4 were artisans and 3 were unemployed at the time of the study.

Seven themes were generated from the results of this study and they are presented below. Key statements have been added to buttress each theme.

Do Patients lie in optometric care?

All of the doctors except one, agreed on the fact that patients lie and withhold the truth in eye care. There were agreements in some of the areas they reported patients lied about and differences in opinion on other areas. One doctor reported that his patients have never lied to him because he makes them understand from the beginning, the dangers of lying or withholding information.

Seventeen of the patients interviewed agreed that they had withheld the truth from their doctor at one time or the other for various reasons. The other half, who said they had never withheld the truth from their doctor, reported having friends or family members who they knew had lied to their doctor about information concerning their health.

Common Areas Patients lie about

All the doctors (10) agreed that the commonest area that patients in optometric care lie about was their age. This was closely followed

by the duration of their condition and in some cases the cause of their ailment. Other areas reported by the doctors included the use of self-medication and drug compliance. Lies about drug compliance was mostly common with glaucoma patients, especially those on multiple drugs. Use of alternative medications or over the counter drugs was another area patients tend to lie about. Lastly, some patients lied about the previous places they had gone to seek help, prior to seeing the current doctor. The patients gave various areas in which they had withheld the truth from their doctor. Some said they had lied about the duration of their ailment. Others said they had lied about their age, use of self-medication or over the counter medication, some had lied about the cause of their ailment and about compliance with their doctor's prescription or medication.

'Patients are hesitant to divulge information on drug use especially if they have gone to the Chemist to buy over the counter medication because they do not know if they had done more harm than good...' IDI doctor

'Patients might lie about whether they had gone elsewhere to seek solution to their problems, because they want an unbiased second opinion...' IDI doctor

'For instance, a mother who had meted out corporal punishment to a child and had injured the child's eye would lie about the cause of injury for fear of being reported to the authorities. The same applies to a wife who is in an abusive relationship, where the husband beats her up and gives her a bruised or swollen eye. She might lie to cover up for the spouse because of shame or fear of being judged or stigmatized ...' IDI doctor.

Factors that Make Patients Withhold Truth

The doctors reported that the fear of being caught in a lie or a mistake could make patients withhold the truth. A lot of civil servants they said, had falsified their actual age on government records to avoid early retirement. So when they go for eye care services they tend to want to maintain the same age as the one given in their official records. Some patients also lie about their age for fear of being looked down upon. This usually happens when their status in life does not co-relate with their true age, so they want to appear younger.

Stigmatization was another reason given as to why patients might withhold the truth from the doctor. The fear of being stigmatized if one divulges his or her health status. For instance,

people living with HIV might not be forthcoming with such vital information for fear of stigmatization.

Some patients have been reported to lie about their social habits like smoking or drinking for fear of condemnation from the doctor, who they assumed to be of a higher social or moral conduct. These patients lied because they did not want to be reprimanded by the doctor. This is usually common when they have not complied with the prescribed drug regimen.

Another reason reported for why patients lie was when they were not given adequate privacy during clerking. When there was someone in the room with them, who they do not want to divulge private information before, they tend to withhold such information. This could be either a parent or a spouse.

Most (10) of the younger patients said they had withheld the truth when they were not sure if the doctor could hold their information in confidence. This was especially common in cases where the doctor was a family doctor who attended to other members of the patient's family. The fear of the doctor divulging their private information to their parents had made them lie.

Two of the younger female patients said they had lied to their doctor because of shyness or embarrassment, especially when the doctor was a member of the opposite sex. This is usually from self-consciousness.

'Some patients lie about their age because of their insecurities about their position in life. They do not want to be look down upon, especially when the doctor is much younger...' IDI doctor.

'If my parent is in the room with me and there are some information I want to keep from them, I will definitely withhold the truth....' FGD young patient

'If the doctor is a family doctor, I will be ashamed to tell him some things because I think he might tell my parents...' FGD young patient.

How Lies Affect Diagnosis

All doctors agreed that when patients withhold the truth, it could lead to wrong diagnosis, which could lead to wrong treatment and medication. They said lies about age usually become evident during refraction or in cases of presbyopia, for instance, when the age does not co-relate with the amount of presbyopia present. The patient would usually complain that the prescribed additional power for near work was not adequate.

All the patients agreed that withholding

the truth can affect the doctor's diagnosis. This could make the doctor to embark on a wrong treatment plan.

'It makes the doctor to reconsider the treatment plan and change medications or even consider other option which might not have been necessary...' IDI doctor

'It is sad when a patient cannot trust his doctor with the truth concerning his condition. This leads to mismanagement. This makes nobody happy ultimately. Doctors should always remind their patients that all information given is privileged and confidential. When patients are aware of this fact, it creates a bond between patient and doctor...' IDI doctor.

'When you do not tell the doctor the truth, it makes them treat you for a long time and you suffer more...' FGD Patient.

Consequences of Withholding the Truth

Doctors agreed that the condition could get worse. Appropriate treatment comes from informed opinion. Misdiagnosis and mismanagement would be common. It is stressful for the doctor who has to put two and two together for the case to make sense because the patient's facts would not add up.

The doctors reported that withholding the truth slows down the management process and complicates matters for the doctor and the practice. It increases cost of treatment for the patient because a lot of unnecessary tests would be done. Maximum care cannot be provided. There is waste of time and resources. Above all, patients put themselves at risk when they withhold the truth or take a long time to tell it

'Patients do not always tell the truth. A doctor should treat his patients based on what the tests show and not what the patient says. This minimizes the consequences for the doctor...' IDI doctor

'The patient suffers for a longer time and makes many unnecessary trips to the hospital. This would also increase cost for the patient...' FGD Patient

Are Doctors Able To Detect When Patients Tell Lies

Most ECPs said they were able to sometimes, with keen observation and questioning technique. The body language of the patients usually would give them away. Some fidget, while others cannot look at the doctor straight in the eye. Also, inconsistency in their narration is another clue. The facts usually would

not add up. The patient is usually on his guard and defensive. ECPs said they usually would have to use some psychology on the patients at this point and get them to open up. Some doctors reported that when they suspected a patient was lying, they took extra care in using the right words to document the history to reflect patients' own words. This is important for medico-legal reasons, in the event that the patient denies ever saying that. Other doctors said they might not know when patients lie until they run some tests or carry out certain procedures.

'When writing down the history, the doctor should use phrases like 'the patient claims' or "patient says" this implies that he has his reservations about the statement being made...' IDI doctor.

'It is an interchange between clinical training and psychology. The doctor can use a bit of psychology by asking the same question repeatedly in different ways and watch the patient's response...' IDI doctor

'Sometimes doctors will know one is lying because they will carry out tests and keep asking you if you are sure of your facts...' FGD Patient

Perception on Patients Withholding Truth from the Doctor

Some doctors feel the patient's level of education plays a major role in this. The more enlightened a patient was, the less likely he is to withhold the truth from his doctor or tell lies. Other doctors feel that when patients trust their doctors, they are less likely to withhold information.

Most of the doctors felt it was sad when patient cannot trust their doctors with the truth. They felt there was a need to constantly remind the patients of the patient-doctor confidentiality clause. When patients know that their information is safe with the doctor, they probably would tell less lies and open up more. The doctors were of the opinion that patients should know that lying to their doctors can be dire. Patients should be made to understand that every question asked is important and relevant to finding solution to their ailment.

Most patients (18) said the doctors should strive to relate better with their patients so as to gain their confidence and trust. The patients were of the opinion that some doctors were too arrogant and do not sympathize with patients in their ailments. This tended to give the impression that they did not care.

Some patients (10) said it was foolishness for people to withhold information from their

doctors because they were the ones that would ultimately suffer the consequences.

*'Doctors are not magicians. They cannot also perform miracles. If patients withhold the truth from doctors, adequate help cannot be rendered...'*IDI doctor

*'There are three people you should never lie to: Your doctor, your Lawyer and your pastor...!'*FGD Patient

DISCUSSION

As long ago as the writing of the Hippocratic Oath, it was well understood that doctors' communication with their patients was an essential part of successful therapy. The relationship between a doctor and his patient should be based upon trust, which develops mainly through honest communication (13).

The results of this study indicate that when patients withhold the truth, it leads to wrong diagnoses and this could lead to wrong treatments and medications. Intentional deceptions in the doctor-patient relationship can serve as obstacles to effective clinical care since what the doctor can do is predetermined by what the patient reveals most of the time. This is in agreement with previous studies (2,14).

The results also indicated that most of the younger patients tend to withhold the truth when they were not sure if the doctor could hold their information in confidence. This was especially common in cases where the ECP was a family doctor who attended to other members of the patient's family. This finding agrees with the study by Kazdaglis *et al* (15) which concluded that for a trusting therapeutic relationship to be established and maintained, patients need to know that their doctor would keep their personal information confidential and use it only to help them.

Some patients in this study reported lying to their doctor about the previous places they had gone to for help. Most times this is done when they want an unbiased second opinion. They do this to ascertain if the findings or diagnosis of the second doctor will agree with that of the first doctor (16,17).

Some patients were reported to have lied about their age. Most of these were civil servants who wanted to stay longer in the government service. These workers falsify their true age on government records to push forward their retirement. So when they report to the clinic for any health complaints, they tend to recite their falsified age. Others lied because of the insecurities with their position or status in life.

This was probably because they did not want to be looked down upon. This is in accordance with the concept of the ego ideal (18).

The concept of the ego ideal in psychology goes back many years. It helps one to consider the potential reasons for lying. The ego ideal, in simple terms, shows what people strive to be. It shows their yearning for perfection and it is unhindered by environmental constrictions or by internal limitations (18). The ego ideal can be a vital source of hope, inspiration, and motivation. However, in situations where the reality of life leaves people feeling unsuccessful or insecure, the ideal version can be accessed to give a sense of power and worth. In its purest form, invoking the ego ideal can be observed in lies about one's weight or performance in an examination. People simply want to appear better than they really are (19).

Another finding from this study suggests that when patients withhold the truth, it sets the doctor on a wrong course of action. This tends to prolong the management process and delays healing or recovery. For instance when patients lie about drug dosage or compliance with medication, it makes the doctor to question the treatment regimen and to start considering other options like surgery which might not be necessary (20, 21). Systemic conditions like diabetes, hypertension and tuberculosis have ocular manifestations (22). If patients suffering from such conditions, for instance, do not own up to them, diagnosing the root cause of their ailment might be difficult (23). Valuable time is wasted in carrying out unnecessary procedures or running tests and the patient does not get the full weight or value of the practice.

Lack of privacy was another factor given for why patients could withhold the truth. Doctors should endeavour to provide a conducive and private environment for consultation with their patients. Family members or parents who accompany patients to the clinic should be made to wait outside the consulting room if they are not needed for interpretation during the consultation process (24,25). This is to minimize the tendency for patients to want to lie due to the presence of a third party in the consultation room. In the interest of getting patients to speak freely, it pays to emphasize confidentiality as most patients are unaware of the doctor-patient confidentiality clause. It should not be assumed that everyone knows about it.

This study also revealed that patients lie for fear of being judged or to please their doctor. Patients withhold information from their doctors

that they believed to be too personal, insignificant, or damaging to their person (26). Such patients are best treated by weighing their responses against clinical results (27).

CONCLUSION

Patients should be encouraged by their doctors to tell the truth at all times during consultations. They should be reminded that information disclosed to the doctor is protected by doctor-patient confidentiality and is used only for their benefit and cannot be disclosed to a third party (28). Attempts should be made to build trust in the doctor-patient relationship so patients can feel secure in the knowledge that the doctor wants what is best for them and that they are both on the same page. Doctors should also endeavour to provide a conducive environment for consultations with patients so that they do not feel constrained to hide pertinent information. All these would go a long way to improving the doctor-patient relationship and hopefully minimize the tendency to withhold the truth.

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Interview questions for participants

Questions

Eye care practitioners

- Has any patient ever lied or withheld the truth from you before?
- What area or aspect did the patient lie about?
- Why do you think patients withhold vital information from their doctors?
- Are you able to detect when a patient is withholding vital information from you?
- How do these lies affect your diagnosis?
- What are the consequences that could arise if the truth is withheld?

Patients

- Have you ever withheld the truth from your doctor?
 - What are the common areas of eye care patients withheld the truth about? E.g Have you ever falsified information on age, traditional eye medication, self-medication, onset or duration of a condition, if the drug was taken as prescribed etc.
 - What are the factors that make patients withhold information from their doctor?
 - Do you know of any consequence of not being truthful with the doctor?
 - Do you think withholding vital information can influence the doctor's decision-making or treatment plan?
-